

**Second Quarter
Office of Health Equity
Advisory Committee Meeting
June 8, 2022**

***Meeting will begin shortly.
Please stand by.***





**Welcome to the
Office of Health Equity
Advisory Committee Meeting!**



Housekeeping : For Online Attendees

❖ Zoom Meeting:

- ❖ Please remember to mute yourself when you are not speaking.
- ❖ During comments and discussion, use the “raise hand” function and you will be called on (as time permits).
- ❖ You may also use the Question & Answer function to enter your questions.
- ❖ If you are calling on the phone, press *6 to unmute and mute your line.
- ❖ Only use camera when you are speaking.

❖ Closed Captioning:

Real-time captions are available here in the Zoom session. Click on the Closed Caption button and select ‘Show Subtitles’ to view the captions. You can also follow the real-time captions [here](#).



Housekeeping : For In-Person Attendees

- ❖ Bathrooms: Take the elevator to Floor 2, follow signs to the bathroom.
- ❖ Safety:
 - ❖ We highly recommend social distancing and wearing a mask. Masks are provided at the registration area outside this room.
 - ❖ In an emergency, emergency exits are labeled, and in the back of the room and in the hallways. Meet at Capitol Park.





Advisory Committee Roll Call





Ice Breaker





Agenda Review





Approval of Minutes

Quarter 1 Meeting March 8, 2022





Discussion and Public Comment





Advisory Committee Work Shared Meeting Agreements





Advisory Committee Work OHE AC Officer Positions





Discussion



Vote on New Officers





Public Comment



Office of Health Equity Advisory Committee

Wednesday, June 7, 2022

Outline

- COVID Update
- Infant Formula Shortage
- Monkeypox
- Trauma Responsive Leadership Training

COVID UPDATE

SMARTER Steps Protective Layers

No single intervention is perfect at preventing the spread of COVID-19. However, the more “**SMARTER Steps**” you take, the safer you, your family, and your community are against COVID-19.

SHOTS

Get vaccinated and boosted when you are due.

MASKS

Wear a mask with good fit and filtration.

VENTILATION

Meeting outdoors is safest. Improve ventilation indoors by opening windows and using portable air cleaners.

TESTS

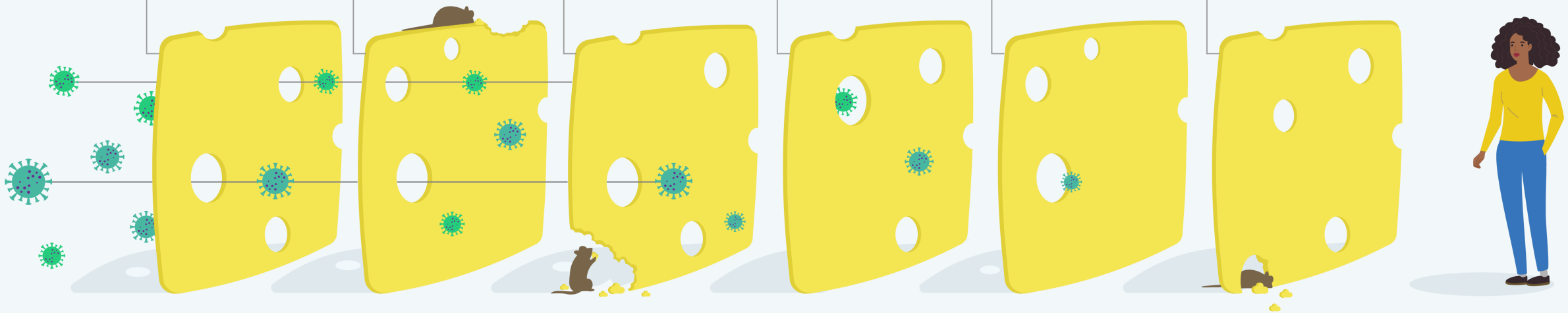
Take a COVID-19 test if you have symptoms or had an exposure.

ISOLATION

Stay home if you're sick or test positive for COVID-19.

TREATMENT

Talk to a health care provider about treatment options if you have symptoms.



Infant Formula Shortage

- National shortage impacting all states
- Expanded formula options for WIC participants
- CDPH/WIC working with Mead Johnson on formula availability in CA
- Parents and caregivers who face a shortage should call their healthcare providers first to help them navigate formula options when supplies are scarce.

[Read more on Infant Formula Availability at the Center for Family Health webpage](#)

Monkeypox

“More than one thousand confirmed cases of monkeypox have now been reported to WHO from 29 countries that are not endemic for the disease. So far, no deaths have been reported in these countries,” WHO Director-General Tedros Adhanom Ghebreyesus said in a [briefing on Wednesday, June 8, 2022](#).



[CDPH Webpage on Monkeypox](#)

Monkeypox in California

Number of Probable and Confirmed Cases

7

Data as of June 7, 2022 at 2:00 p.m.

California cases:

- To date, all MSM.
- All had lesions in genital or perianal area. Several have additional lesions in other locations.
- Prodrome has been mild or absent. One developed fever after rash presented.
- All have had mild disease. Several are being considered for antiviral treatment.

TRAUMA RESPONSIVE LEADERSHIP TRAINING

Trauma

Trauma can be anything that happens too much, too fast, too soon, too long coupled with not enough of what should have happened that was resourcing

Resmaa Menakem

Trauma

Exposure to

an *Event*

and/or *Environment*

that is *Experienced* (primary,
secondary, vicarious)

and has a lasting negative *Effect*

Stress

- Limited, stretch-experience
- Unexpected, unpleasant, or undesired
- Supported
- Central for growth & development



Toxic Stress

- Prolonged exposure
- Absent protective supports
- Inescapable
- May harm growth & development



Trauma

- Primes the system
- Embodied
- Altered sense of safety
- Harms / derails growth & development

ORGANIZATIONAL TRAUMA

- Results from Events AND Exposure
- Spreads
- Injures safety, security, reliability and trust
- Creates burnout culture
- Heightens reactions to stress
- Creates cycles of harm
- Weakens and injures capacity to tend to mission and meet challenges

Connection Mitigates Trauma

Trauma-Responsive Leaders

- Realize trauma is universal
- Remember every encounter carries risk of activation
- Recognize expressions of trauma when they present
- Respond from an expanded leadership skill set
- Build cultures that Resist re-traumatization|
- Restore: agency, trust, safety, connection, well-being

Thank you!



Discussion

Office of Health Equity Advisory Committee

- **Susan Fanelli**
- **Chief Deputy Director for Health Quality & Emergency Response**
- **California Department of Public Health**
- June 8, 2022



OFFICE OF THE
CALIFORNIA
SURGEON GENERAL

Agenda

1. Public Health Infrastructure

- » **Foundational Public Health**
- » **Workforce Development – Funding Streams and Efforts**
- » **Other Key Initiatives under Future of Public Health**


2. Community Benefits

Foundational Public Health

Key foundational services for California's future public health system

● Focus of today's discussion

Health & equity aspiration

| Programs | Behavioral Health | Communicable Disease Control | Chronic Disease and Injury Prevention | Environ-mental Public Health | Maternal, Child, and Family Health | Access to and Linkage with Clinical Care |
|---|--|------------------------------|---------------------------------------|------------------------------|------------------------------------|--|
| Foundational governmental public health services |  Workforce development, recruitment, and training: Capacity and ability to recruit, retain, and develop a diverse workforce | | | | | |
| |  IT, data science, and informatics: Ability to track, derive insights, and take action based on community health data | | | | | |
| |  Emergency preparedness and response: Capacity to respond to emergencies of all kinds, from natural disasters to infectious disease outbreaks to bioterrorism | | | | | |
| |  Public education, engagement, and behavior change: Ability to effectively communicate to diverse public audiences with timely, science-based information | | | | | |
| |  Community Partnership: Ability to harness, work with, and lead community stakeholders and to create multisector collaborations to address public health and health equity issues | | | | | |
| |  Community Health Improvement: Ability to scale public health from health promotion to a comprehensive population strategy that emphasizes life course approaches, equity and prevention | | | | | |
| Foundational principle | Performance management: Ensuring equity, efficiency, and effectiveness | | | | | |

Workforce Development/ Infrastructure

Workforce Development

- COVID Response Workforce Development Funds (\$173.4 Million State and Local Public Health, LA funded separately)
- CDC Public Health Infrastructure (Up to \$150 Million, Larger Entities can Apply Separately Not Yet Released)
- Future of Governmental Public Health (\$300 Million State and Local Public Health)

COVID Workforce Development Funds

- Must be used for COVID Response Related Staffing (Contract and Permanent Staff)
 - Building Out Modeling team
 - Emergency Response Bandwidth
- Can be used for Training and other Workforce Development
 - Trauma Responsive Training
 - Assessment of Organizational Structure (Transition Out of Emergency Response)
 - After Action Reports
- Concerns
 - Hard to hire with one-time funds
 - Large amount of unspent funds that currently expire June 2023 (may get an extension)

- Competitive Funds
- Up to \$150 million
- Meant to support public health workforce
- CDPH Focus on Recruitment and Retention Efforts
 - Application Development underway – process of identifying gaps
 - Hero Initiative

Future of Public Health Funds (\$300 Million)

- Public Health Infrastructure Funds – Focus on Adding Permanent Staff (\$200 million)
 - 70% of local funds to be spent on Staffing
 - Base Award of \$350,000 to allow even smallest of jurisdictions to add 2 staff
- Future of Public Health Initiative – CDPH (About \$100 million)
 - Reviewed key areas for Investment
 - Deeper Dive into Workforce Development Needs

A. Key trends facing the future public health workforce in CA

Information contained in this file is confidential, preliminary, and pre-decisional



Demand for new skills and capabilities

Increasing need for strategic skills and integrative approaches to engage across sectors (e.g., health economics, predictive analytics, strategic communications)

Disruptive technologies and demographic forces impacting the supply of talent with necessary skills and capabilities



Changing workforce expectations

Accelerated movement towards remote and hybrid working models

Significant portion of the US workforce (86%) reporting a desire to work remotely at least once a week¹



Increasing competition for talent

Talent shortages in critical roles with high barriers to entry, resulting in greater competition for skilled workers (e.g., laboratorians, epidemiologists, etc.)

Retirement of baby-boomers creating a need for younger workers to fill the workforce gap²



Post-COVID attrition and retirement

COVID-19 related exodus of public health leadership and staff³

Large share of health department staff on the cusp of either leaving the profession or retiring⁴

Large share of public health hires as temporary positions, leaving gaps in long-term workforce needs⁴

For discussion:

What other trends or challenges will the public health workforce need to contend with?






Which of these trends is CA's public health workforce well positioned to address? Which of these will be more challenging?

1. McKinsey & Co, "Reimagining US federal work for the postpandemic world"
2. Bureau of Labor Statistics, "Gauging the labor force effects of retiring baby-boomers"
3. The Associated Press and KHN, "Pandemic Backlash Jeopardizes Public Health Powers, Leaders"
4. National Academy of Medicine, "Public Health COVID-19 Impact Assessment"

Sources: McKinsey Global Institute, Bureau of Labor Statistics, deBeaumont Foundation, Pew Trust, Journal of Public Health Management and Practice, National Academy of Medicine

C. Potential capabilities needed to meet aspiration

Capabilities described in Public Health Workforce Workgroup Action Plan

| Domains | Capability | Definitions |
|--|---|---|
| Data-driven work-force coordination and management  | Workforce monitoring and staffing levels | Ability to standardize minimum staffing levels and composition across public health agencies, collect and analyze data in a harmonized way , and assess workforce needs to develop information necessary for decision-making |
| | Workforce coordination and management | Ability to use workforce data to strategically deploy surge capacity to meet shifting public health demands across programmatic needs and geographic areas |
| Cross-cutting competencies and new skill development  | Technical competencies | Ability to cultivate and leverage expertise in distinct scientific and technical disciplines (e.g., epidemiology, laboratory sciences, environmental health, etc.) in order to address key public health issues |
| | Strategic competencies | Ability to leverage broader set of skills and knowledge (e.g., systems thinking, data analytics, strategic communications, etc.) to develop an integrative, interdisciplinary approach to public health |
| | Skills monitoring | Ability to holistically monitor skills and expertise of workforce and strategically update workforce development efforts (e.g., recruitment, training offerings, etc.) |
| Talent recruitment and retention  | Recruitment | Ability to attract top performing individuals by continually monitoring the evolution of public health talent and providing desirable onboarding packages that enable flexibility in working models and geography |
| | Outreach and awareness | Ability to raise awareness of public health's role within the community in the next generation of the workforce, such as outreach to school campuses, job fairs, internship programs, and universities/academia |
| | Retention | Ability to equitably retain experience and foster a continuum of workplace employment and advancement , such as upskilling and reskilling existing talent, expanding job classification ranges to enable a greater degree of promotion and/or specialization, and offering competitive retention packages and subsidized training resources. |
| Tools and standards for learning and development  | Internal training programs | Ability to develop a workforce with a diverse set of skills and competencies by establishing accessible, high-quality training programs |
| | Training opportunities and models | Ability to provide alternate routes into permanent staffing positions , such as apprenticeship programs, internships with job opportunities, and cross-training programs |
| | Standards for learning & development | Ability to consistently apply learning and development standards across the public health workforce to promote career advancement and encourage employees to take ownership of their personal development trajectory |
| Funding integration  | Workforce development funding | Ability to support workforce development as a component of all public health programs |
| | Workforce development advocacy | Ability to consistently educate stakeholders of priorities in workforce development and the impact of investing in workforce development, such as improved program outcomes |

Examples of Key Activities in Workforce Area

- \$3 million for video on value of public health and why you would want a career in public health as a recruitment tool
- Robust recruitment efforts – expanding recruitment channels through diverse recruitment sources and metrics
- Establishing a career counseling resource for the department – develop and implement a career center for employees
- Working on classification consolidation, new classifications, minimum requirements updates, etc. – remove unnecessary recruitment and retention barriers from job classifications
- Training program, partnering with academic institutions – provide comprehensive professional development to employees (technical skills, leadership and management skill development, competency building)
- Bolstering HR staff to allow focus in each of these areas

Other Key Initiatives under Future of Public Health

Other Key Initiatives

- Office of Policy and Planning
 - Builds on the incredible work of the Fusion Center
 - Strategic Planning and Creation of Policy Agenda
 - State of Public Health Report
 - COVID Impacts
 - Establishing statewide metrics for FOPH investments
- Regional Office of Public Health
 - Building on Local Coordination Team Efforts
 - Staffed with local coordinator, epidemiologists, information officers/communications staff, and fund management staff for awarding and monitoring local \$200 million
 - Provide Regional View of Data
 - Provide a forum for standardization of policy/communications across the region
 - Assist smaller resource poor health departments with best practices, technical assistance and staff support
 - Administer local FoPH funding

Other Key Initiatives

- Investments in Emergency Response
 - Recovery Unit
 - 24/7 Intelligence Hub
 - Public Health focused Regional Disaster Medical and Health Specialists
- Augmenting Staff Across the Department to address gaps in capacity and capability – side by side with all of the COVID response grants
 - Expect movement of funding across funding streams
 - Try to place COVID staff into ongoing positions as appropriate
- Anticipate need for budget redirections across all local COVID funding streams and need for assistance in how to spend each funding source

Community Benefits and Health Equity Fund



Vaccinate ALL 58

Together we can end the pandemic.



Discussion



Public Comment



Lunch Break Until 1:45pm





**Welcome Back to the
Office of Health Equity
Advisory Committee Meeting!**





Office of Health Equity Advisory Committee

OHE Updates, Priorities, & Budget Proposals

Rohan Radhakrishna, MD, MPH, MS (he/him)

Deputy Director and Chief Equity Officer

California Department of Public Health

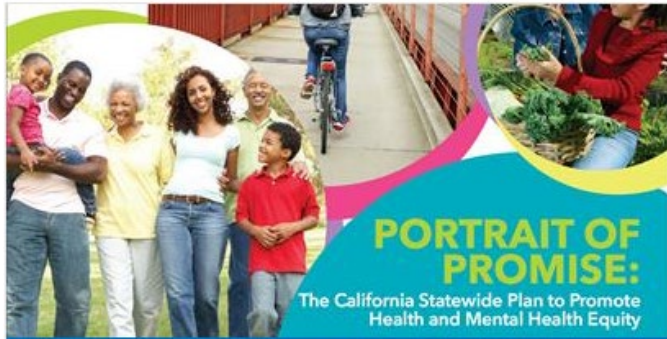
Office of Health Equity

June 8, 2022

Rohan.Radhakrishna@cdph.ca.gov

[@DrRohanRad](https://twitter.com/DrRohanRad)

Office of Health Equity



Health Equity Research & Statistics Section (HERSS)



Climate Change & Health Equity Section (CCHES)



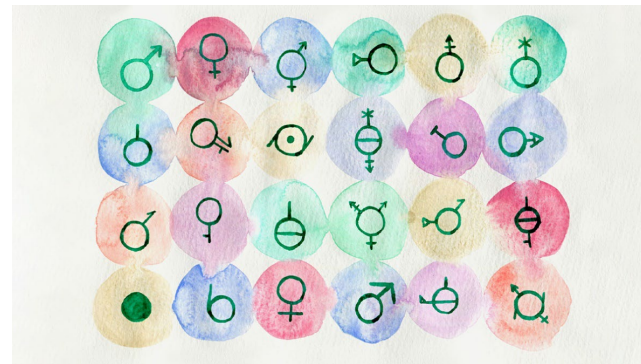
Health in All Policies & Racial Health Equity Initiative



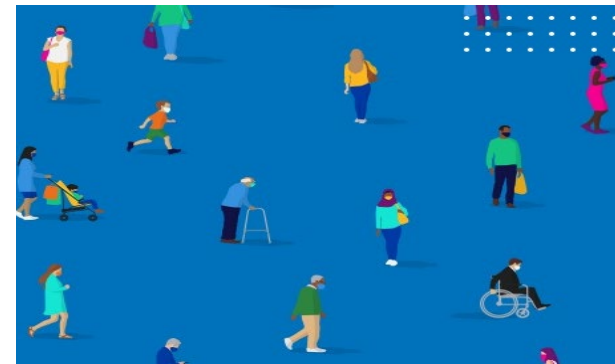
Business Operations



Community Development & Engagement Section (CDES)



Gender Health Equity Unit



Advancing Community Equity (ACE) Branch



Advisory Committee

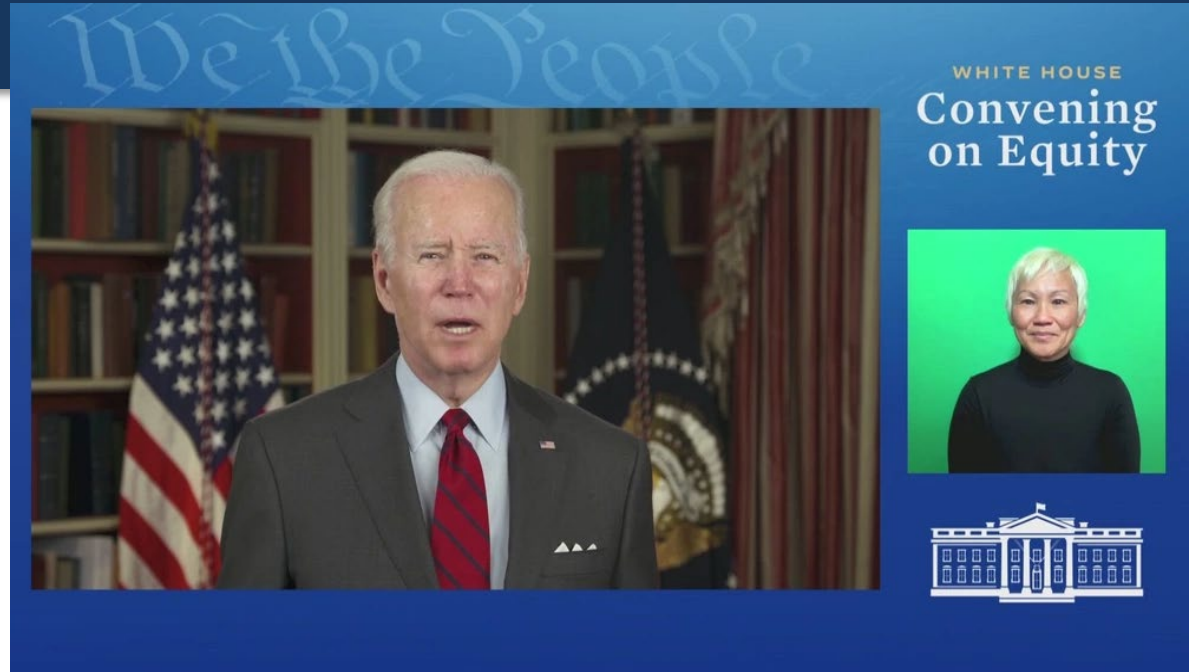


Office of Health Equity Priorities

- 1. Advancing Racial & Social Equity in Government**
- 2. Behavioral Health Equity**
- 3. Climate Action for Health Equity**
- 4. Equitable COVID Recovery through Health in All Policies, Cross-Sector Planning and Partnerships**
- 5. Housing and Homelessness**

White House Virtual Convening on Equity

On Thursday, April 14th the White House held a [virtual convening](#) to announce the release of its racial justice and equity plan.



This proceeds President Biden's signed January 2021 executive order on Advancing Racial Equity & Support for Underserved Communities. In this order more than 90 federal agencies have come together to release over 300 concrete & intentional actions in addressing systematic barriers to equality, opportunity and prosperity nationwide.

Racism is a Public Health Threat: Centers for Disease Control & Prevention

Racism and Health



Sources: [CDC Racism and Health](#)

[Racism as a Root Cause Approach: A New Framework](#)

[Systemic Racism and Health Equity \(Robert Wood Johnson Foundation\)](#)

[How Structural Racism Works: Racist Policies as a Root Cause of U.S. Racial Health Inequities](#)



California Task Force to Study and Develop Reparation Proposals for African Americans **INTERIM REPORT**

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Acknowledgements

Executive Summary

- I. Introduction
- II. Enslavement
- III. Racial Terror
- IV. Political Disenfranchisement
- V. Housing Segregation
- VI. Separate and Unequal Education
- VII. Racism in Environment and Infrastructure
- VIII. Pathologizing the Black Family
- IX. Control Over Creative Cultural and Intellectual Life
- X. Stolen Labor and Hindered Opportunity
- XI. An Unjust Legal System
- XII. Mental and Physical Harm and Neglect
- XIII. The Wealth Gap
- XIV. Key Findings
- XV. Preliminary Recommendations for Future Deliberation

Chapter 12 - Mental and Physical Harm and Neglect .

- I. Introduction
- II. Pseudoscientific Racism as Foundation of Healthcare
- III. Health and Healthcare during Slavery
- IV. Reconstruction Era
- V. Racial Segregation Era
- VI. Post-Civil Rights Act Era
- VII. Medical Experimentation
- VIII. Medical Therapies, and Technology
- IX. Mental Health
- X. Reproductive and Gender Identity Responsive Health
- XI. Child and Youth Health
- XII. Public Health Crises
- XIII. Impact of Racism on Black Health
- XIV. Conclusion

A Vision of Racial and Health Equity for All Californians

Realizing the California Health and Human Services Agency's (CalHHS) vision for a healthy California for all where equity is not just a word or concept but the core value.

Press Release

Resources



Getting Started

Explore our Resource Hub 101 Guide

[more info](#)



Creating Your Roadmap

Explore Racial Equity Action Plans and Statements

[more info](#)



Diving Deeper

Explore resources that provide in depth information and analyses

[more info](#)



Taking Action

Explore initiatives geared towards advancing racial equity

[more info](#)



Drawing Connections

Explore resources that build knowledge on racial equity

[more info](#)



Assembling the Toolbox

Explore datasets, maps, and resources to guide and inform racial equity work

[more info](#)



Growing Awareness

Explore public knowledge building resources that increase accessibility and engagement with the communities we serve.



Funding Solutions

Explore grant programs and other opportunities that address factors related to racial equity



Other Resources

Explore various other tools, resources, and helpful information

CalHHS JEDI Subcommittee

Justice Equity Diversity and Inclusion

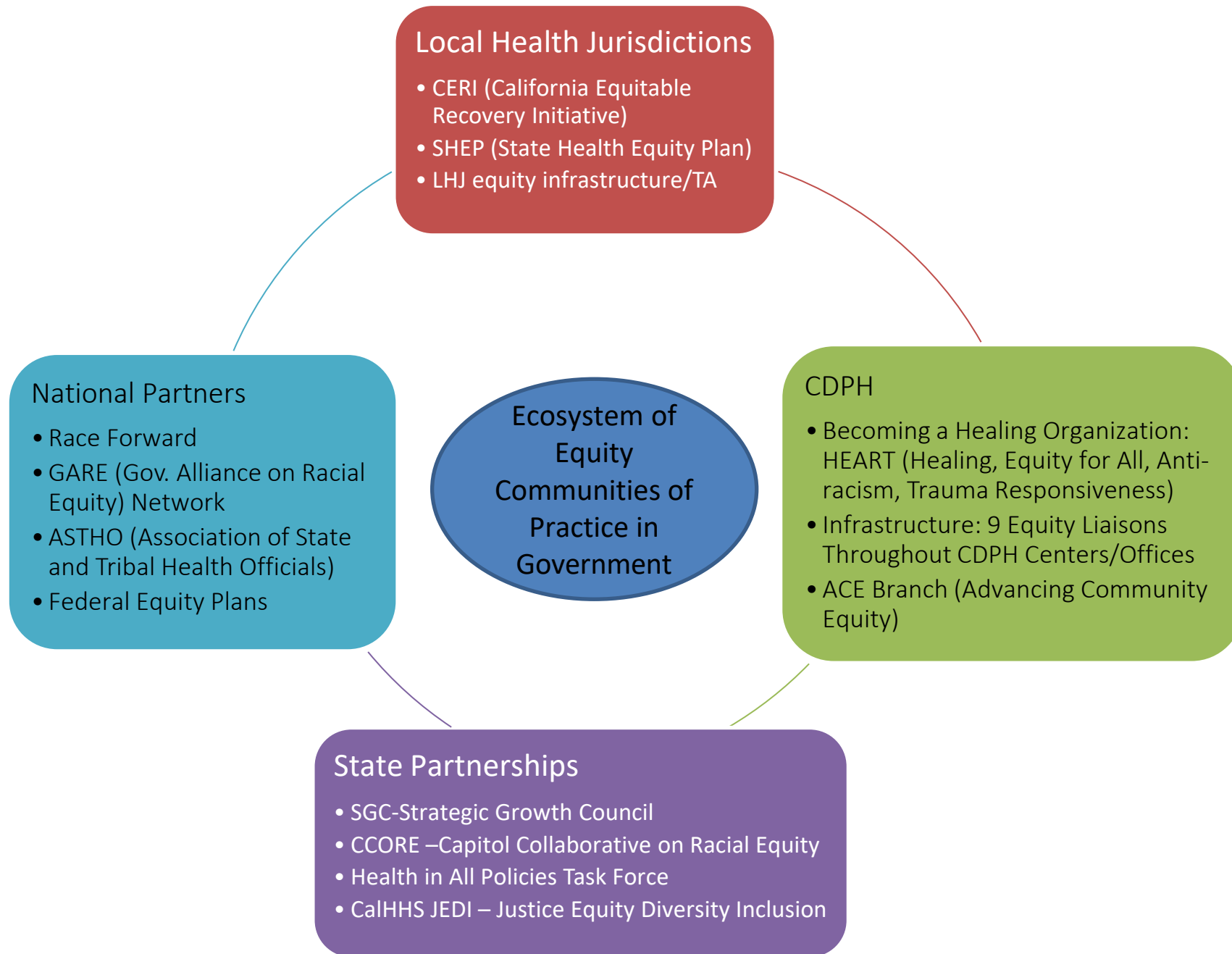


**Chief Equity Officers in All 17 CalHHS Dept/Offices
Incoming Agency Chief Equity Officer**

***Language Access (\$20.3M)**

***Equity Dashboard (\$3.2M)**

***Training**



Behavioral Health Equity

1. CRDP: California Reducing Disparities Project

- CRDP Phase I: Strategic Planning for Community-led Interventions
- CRDP Phase II (2016-2022): First of its kind, \$60 Million to develop and evaluate **community defined evidence-based practices (CDEP's)** in mental health prevention & early intervention (PEI) to reduce disparities. Funding for 35 CBO's in 5 Priority Populations.
- CRDP Phase II Extension (4 more years) & Phase III Expansion Planning: \$63 Million in 2021 Budget Act:
 - Partner with County Behavioral Health Departments, California Department of Health Care Services, and the Mental Health Service Oversight & Accountability Commission, integrate CDEP's into mainstream public mental health programming to achieve equity.
 - Conduct research, community engagement, and planning for a Phase III to expand CBO's, regions, and priority populations.

CDPH California Reducing Disparities Project: Phase II Organizational Chart

| | | | | | |
|--------------------------------------|---|---|--|---|---|
| SWE | Statewide Evaluator: Psychology Applied Research Center @ Loyola Marymount University | | | | |
| TAPs | African American ONTRACK Program Resources | Asian and Pacific Islander Special Service for Groups (SSG) | Latinx UCD Center for Reducing Health Disparities | LGBTQ Center for Applied Research Solutions (CARS) | Native American Pacific Institute for Research and Evaluation (PIRE) |
| Implementation Pilot Projects (IPPs) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | EOA | Education Outreach and Awareness Consultant: California Pan-Ethnic Health Network | | | |

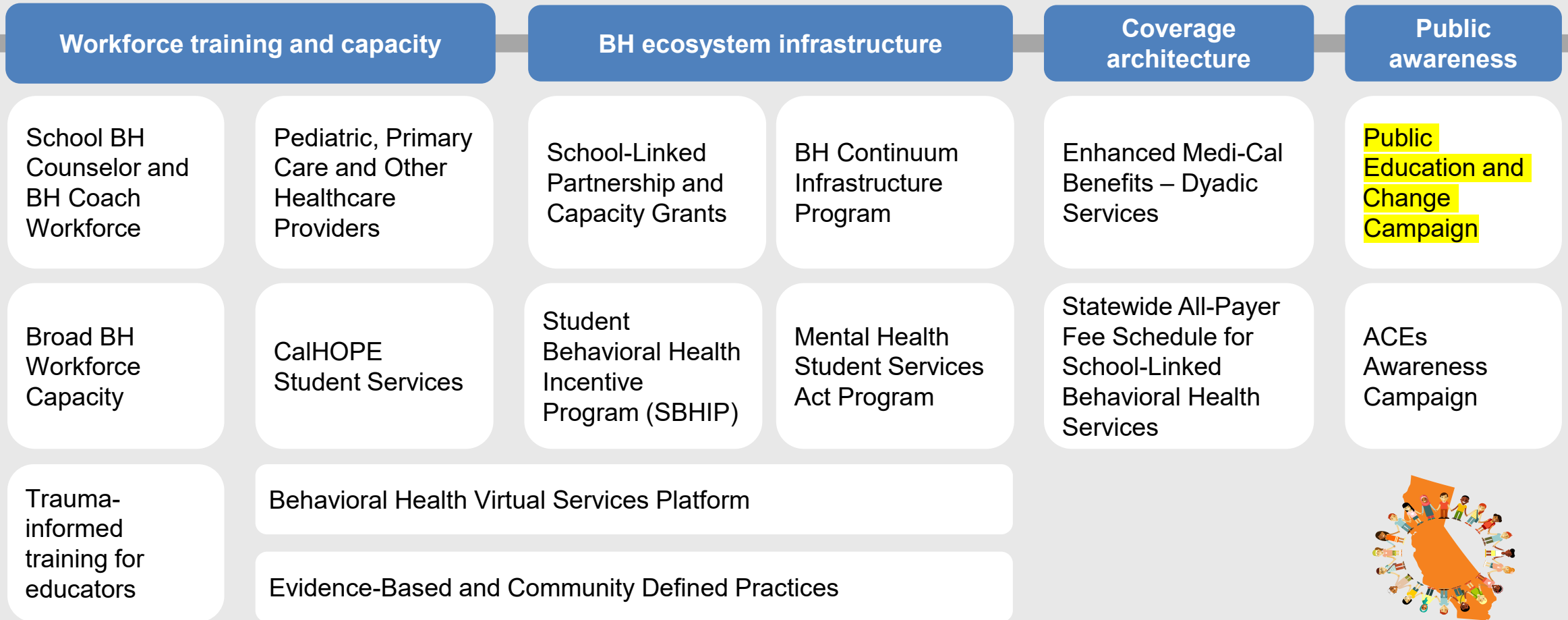
Whole Systems Learning (Long Beach, CA)



Behavioral Health Equity:

2. Children and Youth Behavioral Health Initiative (CYBHI)

Building a Coordinated Ecosystem



CYBHI [Webpage](#) Kick-Off Webinar (3/15/22): [Materials](#) (PDF) and [Recording](#)
[Children and Youth Mental Health Resource Hub](#) Sign up for Updates CYBHI@chhs.ca.gov

Source: California Health and Human Services Agency

Human Health Impacts of Climate Change

Behavioral Health Impacts:

Stress, anxiety, depression, sense of loss; strains on social relationships; substance use; post-traumatic stress disorder

Air Pollution & Increasing Allergens

Asthma, allergies, cardiovascular and respiratory diseases

Degraded Living Conditions & Social Inequities

Exacerbation of racial and health inequities and vulnerabilities, loss of employment

Extreme Heat

Heat-related illness and death, cardiovascular failure

Mental Health Impacts

Rising Temperatures



Changes In Vector Ecology

Lyme disease, West Nile Virus, hantavirus, malaria, encephalitis

Drought

Water supply impacts, dust storms, Valley Fever

More Extreme Weather



Increasing GHG Levels



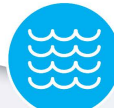
Food System Impacts

Malnutrition, food insecurity, higher food prices, foodborne illness

Environmental Degradation

Forced migration, civil conflict, loss of jobs and income

IMPACTS OF CLIMATE CHANGE ON HUMAN HEALTH



Rising Sea Levels

Severe Weather & Floods

Injuries, fatalities, loss of homes, indoor fungi and mold

Wildfires & Wildfire Smoke

Injuries, fatalities, loss of homes, cardiovascular and respiratory diseases

Water Quality Impacts

Harmful algal blooms, campylobacteriosis, cryptosporidiosis, leptospirosis

CDPH (Adapted from CDC, J. Patz)

Adapted from CDC, J. Patz, USGCRP

Health Professionals are Trusted Messengers and Want to Address Climate Change

- **Protecting health is the top reason** Americans select for supporting climate solutions (EcoAmerica 2021): 76% motivated by health > 71% motivated by good paying jobs
- **68% of Americans trust health professionals** for information on climate change
- **LHD (local health departments) are eager to participate in climate change planning** to simultaneously reduce emissions and increase health and equity
- CCLHO (Local Health Officers) chose climate change as a top 3 priority in 2019, 2020, and 2022
- **Decarbonize** your health facilities and departments. [Take the pledge!](#)
- Be a **spokesperson** on health and climate mitigation, adaptation, and resiliency
- [Learn about Tools, Resources, and Sign-up For our Newsletter](#)

State Health Equity Plan (SHEP): Purpose & Objectives

- *Increase coordination and collaboration of equity activities
- *Bridge existing response activities with the infrastructure that will be necessary to advance an equitable recovery
- *Build evidence-base to support ongoing equity infrastructure

Build on Existing Efforts: The State Health Equity Plan will be complimentary to and strategically integrated with Let's Get Healthy California – the state health improvement plan – and align with the Office of Health Equity's Portrait of Promise and other racial and health equity initiatives.

Promote Integrated Planning: The Plan will support coordination, alignment, and learning across all work streams by defining a shared direction toward achieving an equitable recovery, including a range of cross-cutting priorities and a menu of strategies and actions.

Advance Results-Driven, Collective Action: The Plan will leverage a Results Based Accountability model to align state and local performance metrics with shared population results in a common equity framework.

State Health Equity Plan: **Milestone Timeline**

| | |
|---------------------------------|---|
| Jan – Jul 2022 | Research and Development Phase <ul style="list-style-type: none">▪ Review new and existing priorities, efforts, and investments▪ Conduct targeted research and literature review to validate themes and fill gaps▪ Check alignment with key models and frameworks |
| Jun 2022 – Mar 2023 | Engagement Phase <ul style="list-style-type: none">▪ Level 1: Project Leadership (Jun-Jul 2022)▪ Level 2: Cross-Representative, Targeted Leadership within State, Local and Community, and Tribal Entities (Aug-Nov 2022)▪ Level 3: Programs Implementing Major Efforts Addressing Priority Areas of Focus |
| Apr – Jun 2023 | Transition Phase |
| Jul 2023 – May 2024 and Ongoing | Implementation Phase |

OHE Advisory Committee

State Health Equity Plan: **Engagement Strategy**

Level 1: Project Leadership

- Establish Scope and Parameters (Right Direction / Level)
- Ensure Alignment with Program Objectives, Key Initiatives and Major Investments
- Inform Prioritization, Identify Gaps, and Recommend Additional Inputs

Level 2: Cross-Representative, Targeted Leadership within State, Local and Community, and Tribal Entities

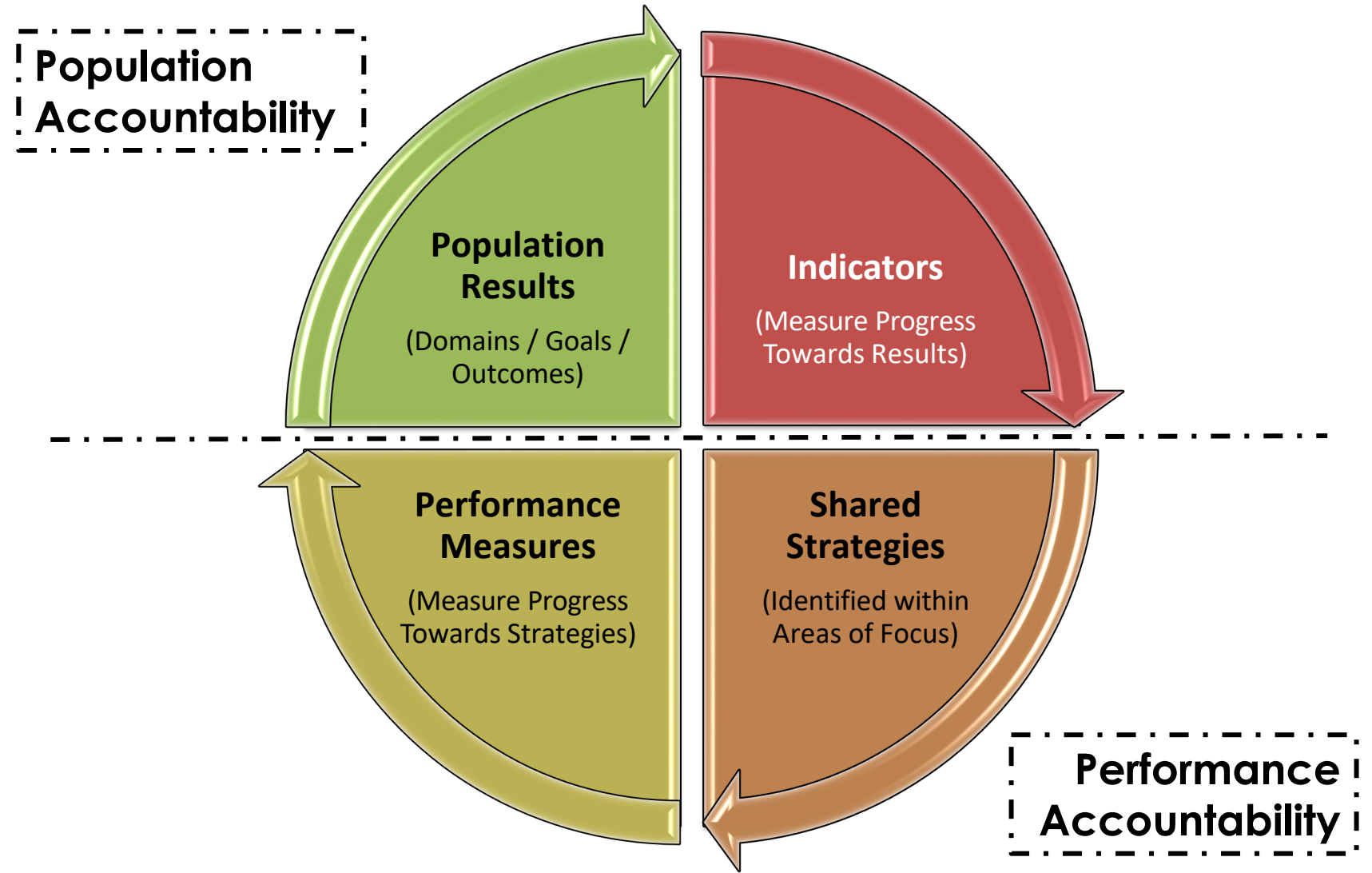
- Validate Alignment with Priorities and Efforts, Identify Gaps, and Provide Recommendations
- Inform Refinement and Prioritization (Population Results, Indicators, a Menu of Areas of Focus and Strategies)

Level 3: Programs Implementing Major Efforts Addressing Priority Areas of Focus

- Identify and Prioritize Shared Strategies
- Develop Implementation Plan (Identify Actions, Responsible Organizations, and Performance Metrics)

**OHE Advisory
Committee**

State Health Equity Plan: **Grounded in Results Based Accountability**



State Health Equity Plan: **Preliminary Framework**

**COVID-19
Outcomes**

**Intersecting
Conditions
and
Secondary
Impacts**

**Community
and Social
Determinant
s of Health**

Equity Infrastructure

2020 Increase in Death Rate SDOH & by race/ethnicity



- Excess mortality is associated with Social Determinants of Health (SDOH), including Poverty, Crowding, and Limited English Proficiency
- SDOH are based on the community level (census tract) not individual level, using the Krieger/Harvard Public health Disparities Geocoding [approach](#)
- Both SDOH and race/ethnicity are independently associated with excess mortality. The patterns of SDOH and excess mortality differed across race/ethnicity groups. These interrelationships are complex, difficult to measure, and important.



“risk factors are not
predictive factors because
of protective factors”

[E-mail: OHE@cdph.ca.gov](mailto:OHE@cdph.ca.gov)

[Visit the OHE Website](#)

Source: Prevention in Mental Health: Lifespan Perspectives, Jeste and Bell. p185

Self-Care is Social Justice

THE FOUR BODIES: A HOLISTIC TOOLKIT FOR COPING WITH RACIAL TRAUMA, by Jacquelyn Ogorchukwu,
<https://bit.ly/3dx2T68>

| *MENTAL BODY* EASING OUR MINDS After a Racially Traumatic Incident | *EMOTIONAL BODY* RELEASING EMOTIONS After a Racially Traumatic Incident | *PHYSICAL BODY* TRANSFORMING TENSION After a Racially Traumatic Incident | *SPIRITUAL BODY* RETURNING TO OURSELVES After a Racially Traumatic Incident |
|---|--|---|--|
| <i>Unplug</i> | <i>Feel</i> | <i>Rest</i> | <i>Meditate</i> |
| <i>Pause</i> | <i>Gather</i> | <i>Move</i> | <i>Reclaim</i> |
| <i>Talk</i> | <i>Write</i> | <i>Self-Massage</i> | <i>Organize</i> |

1. Get in the shower and feel the water
2. Go outside
3. Put your phone away
4. Cry



Discussion and Public Comment





Children and Youth Behavioral Health Initiative

Presentation to CDPH Office of Health Equity Advisory Committee

By Melissa Stafford Jones, Director, CYBHI, CalHHS

June 8, 2022

Today's discussion

Objectives

- ✓ Share how California plans to reimagine behavioral health for all children, youth, and families
- Introduce the focus areas and key components of the Children and Youth Behavioral Health Initiative
- ✓ Stakeholder Engagement, next steps and resources to learn more about the CYBHI

Guiding principles of the California Health and Human Services Agency

Focus on equity

Strive to create programs that address persistent and systemic inequities.

Actively listen

Take a step back and proactively listen to the individuals and communities being served in order to better understand their conditions and the things they yearn for

Use data to drive action

Use data to understand the current conditions within communities, the impact of existing programs and the opportunities to improve service delivery

See the whole person

Think about what each person needs in order to thrive, considering the cultural, economic, and social factors that impact people's lives

Deliver on outcomes

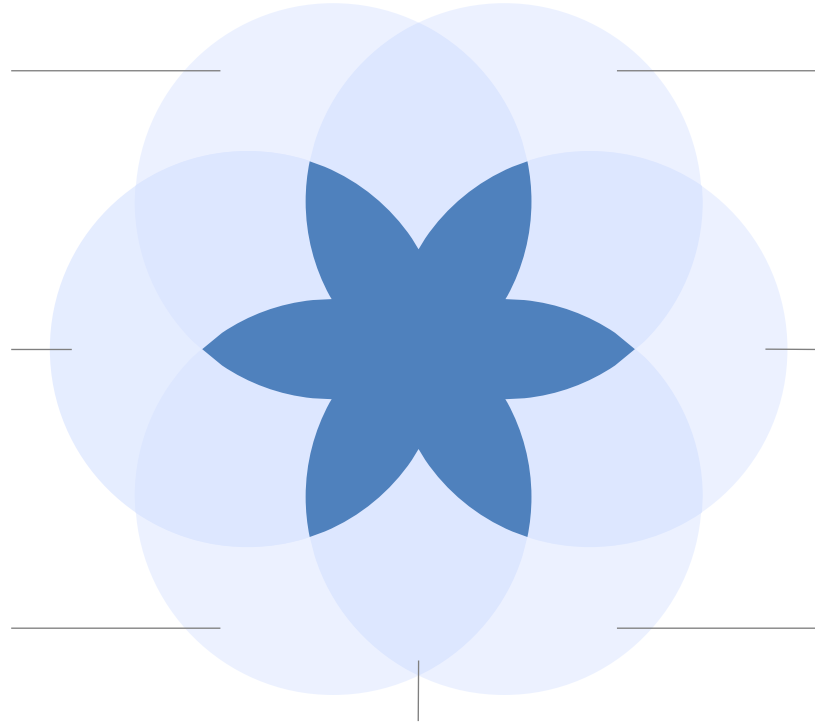
Ensure the delivery of programs and services yields concrete and meaningful results

Cultivate a culture of innovation

Courageously take new approaches to solve the most intractable problems. The relentless pursuit of innovation, applied thoughtfully, will catalyze improvement efforts

Put the person back in person-centered

Re-engage individuals and their communities so that programs are informed and structured to meet the diverse and unique needs of each community and person



Overview of the Children and Youth Behavioral Health Initiative



The goal of the **Children and Youth Behavioral Health Initiative** is to **reimagine** the way behavioral health support is provided to **all children and youth in California**, by **aligning the systems that support behavioral health** for children and youth to create an **ecosystem that fosters social and emotional well-being and addresses the behavioral health challenges** facing children and youth

The initiative takes a **whole system approach** by creating **cross-system partnerships** to ensure that **the reimaged ecosystem is child and youth-centered and equity-focused**

How California
plans to redesign
and reimagine the
system



Focus on the entire continuum of care



Increase system capacity



Center on the experiences and needs of
children and youth



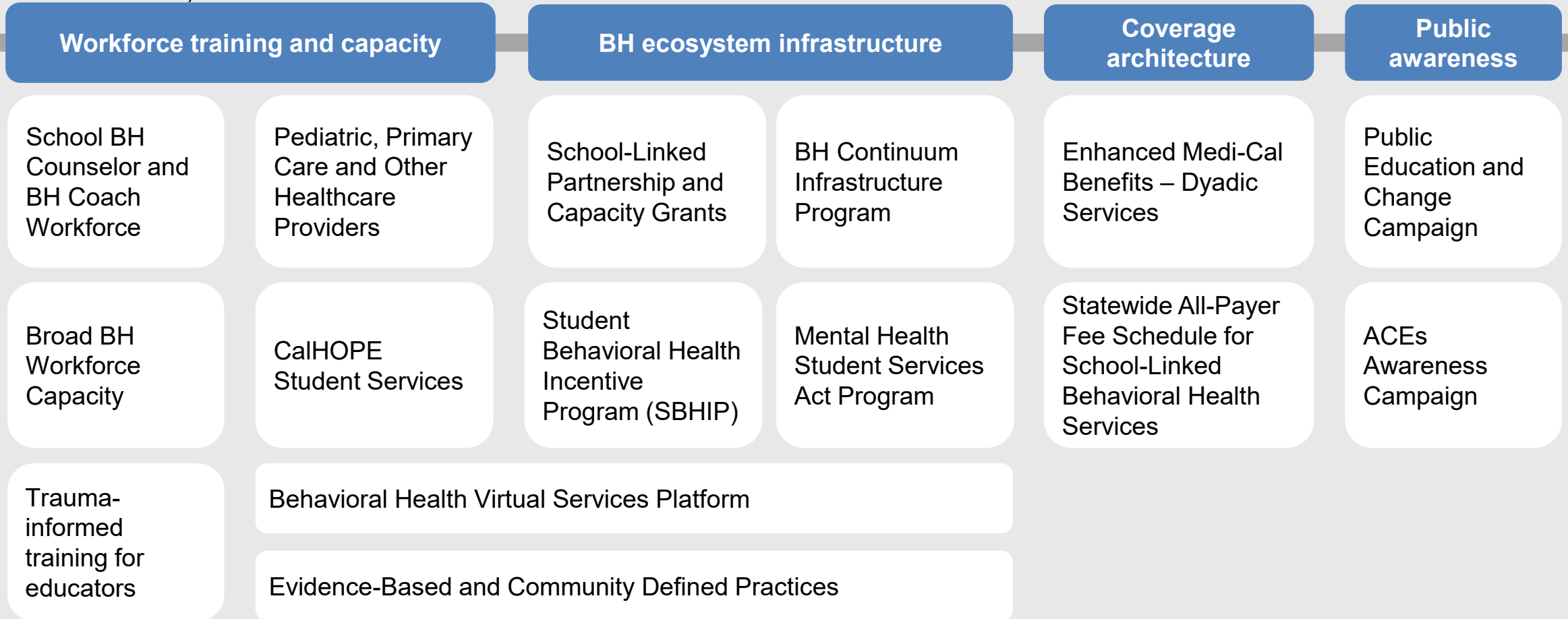
Address stigma







Catalyst for system redesign within and across
sectors

Building a Coordinated Ecosystem: Workstreams for the Children and Youth Behavioral Health Initiative

As of March 29, 2022



Overview of the CYBHI Workstreams

| CYBHI focus areas | CYBHI Workstreams | Description of workstreams |
|---|---|---|
|  Workforce capacity and capability | School BH Counselor and BH Coach Workforce | Develop a multi-year plan to launch and implement a BH coach or counselor system by which students receive in-person and/or virtual one-on-one and group supports |
| | Pediatric, Primary Care, and Other Health Providers | Provide opportunities for primary care and other providers to access culturally proficient education and training on BH and suicide prevention |
| | Broad BH Workforce Capacity | Build and expand the workforce that is culturally and linguistically proficient and capable of providing age-appropriate services |
| | CalHOPE Student Services | Support communities of practice in all 58 County Offices of Education to enhance Social Emotional Learning Environments; engage youth as partners |
| | Trauma-Informed Training for Educators | Provide ongoing training to educators on trauma-informed care |
|  BH ecosystem capacity and infrastructure | Evidence-Based and Community-Defined Practices | Support statewide scale and spread of evidence-based interventions for children and youth with or at high risk for mental health conditions |
| | Behavioral Health Virtual Services Platform | Implement BH service virtual platform to be integrated with screening, clinic-based care and app-based support services |
| | Mental Health Student Services Act Program | Provide competitive grants to counties for partnerships between county BH departments and local education entities to increase access to mental health services |
| | BH Care Continuum Infrastructure | Ensure youth in every part of California can access the care they need without delay and, wherever possible, without having to leave their home county |
| | Student Behavioral Health Incentive Program | Incentive payments for Medi-Cal Managed Care Plans to build infrastructure, partnerships, and capacity statewide for school behavioral health services |
|  Coverage and benefits architecture | School-Linked Partnership and Capacity Grants | Build infrastructure, partnerships, and capacity to increase the number of students receiving preventive and early intervention BH services |
| | Enhanced Medi-Cal Benefits – Dyadic Services | Implement dyadic services in Medi-Cal, based on the HealthySteps model of care |
|  Public awareness and education | Statewide All-Payer Fee Schedule for School-Linked BH Services | Implement fee schedule for health plan reimbursement |
| | Public Education and Change Campaign | Raise the BH literacy of all Californians to normalize and support the prevention and early intervention of mental health and substance use challenges |
| | ACEs Awareness Campaign | Raise awareness of Adverse Childhood Experiences (ACEs) and toxic stress |

CYBHI 5-year milestones

AS OF MARCH 15, 2022

2022

2023

2024



Workforce capacity and capability

- Release career ladder and framework for BH coaches and counselors
- Release expanded peer personnel and psychiatry education capacity application cycle
- Administer first earn and learn award cycles
- Release grant funding opportunity and open application period for Evidence-Based Practices

- Administer first annual award cycle for BH coach training curriculum development
- Administer first SUD and social work award cycles
- Launch provider education campaign



BH care continuum capacity and infrastructure

- SBHIP program implementation
- Release grant funding opportunity and open application period for school-linked partnership and capacity grants
- Release BH assessment report and RFA

- Issue initial guidance for commercial plans via an All-Plan Letter
- Implement dyadic services benefit in Medi-Cal

- Launch the Behavioral Health Service Virtual/E-consult Platform



Coverage and benefits architecture

- Implement BH network and fee structure
- Begin enforcement of guidance for commercial plans



Public awareness and education

- Launch the ACEs and Toxic Stress Public Awareness Campaign
- Release trauma-informed training for educators

- Launch Public Education and Change Campaign

CYBHI aspiration and outcomes

PRELIMINARY DRAFT: MAY 16, 2022

(defined by CalHHS based on stakeholder inputs)

CalHHS guiding principles



CYBHI aspiration

Reimagine behavioral health and emotional wellbeing for all children, youth, and families in California by delivering equitable, appropriate, timely, and accessible mental health and substance use services and supports from prevention to treatment to recovery in an innovative, upstream focused, ecosystem

CYBHI outcomes

- 1 **Improve overall health, social outcomes, and emotional wellbeing**
- 2 **Advance health equity and reduce disparities** in behavioral health
- 3 **Decrease stigma** related to behavioral health conditions
- 4 **Reduce incidence of preventable¹** behavioral health conditions
- 5 **Improve access to** programs that work
- 6 **Embed continuous quality improvement and accountability** across behavioral health services and supports
- 7 Ensure ongoing **sustainability of the initiative's impact**

1. Mental health disorder prevention aims at “reducing incidence, prevalence, recurrence of mental disorders, the time spent with symptoms, or the risk condition for a mental illness, preventing or delaying recurrences and also decreasing the impact of illness in the affected person, their families and the society” (WHO Report, 2005)

Source: Notes from 1. Behavioral Health Task Force meeting convened on March 9, 2022, 2. Early Childhood Briefing convened on March 24, 2022, 3. Child Welfare Council Meeting convened on April 6, 2022; CalHHS; Feedback from cross-department meeting on May 6, 2022

CYBHI stakeholder engagement activities by stakeholder group

Future activities (June '22 and beyond) to be refined

Near term activities (Through May '22)

Children, youth, and families



Focus groups on CYBHI outcomes
Initial focus groups and interviews on workstreams

Surveys, interviews, focus groups, design sessions, and ongoing engagement opportunities on initiative-level topics and workstreams

Cross sector and inter-agency partners



Discussions with existing groups on outcomes
Targeted engagement on initiative-level topics
Engagement forums (e.g., think tank, listening tours) on workstreams

Targeted engagement on initiative-level topics
Engagement forums on workstreams

Community partners on the ground and in the field



Regular updates and opportunity to submit e-mail input

Listening sessions on outcomes (through end of summer 2022) and initiative-level topics

Website updates and opportunities to comment

Governor's
May Revise
Budget
Proposals

Youth Mental Health Additional Investments

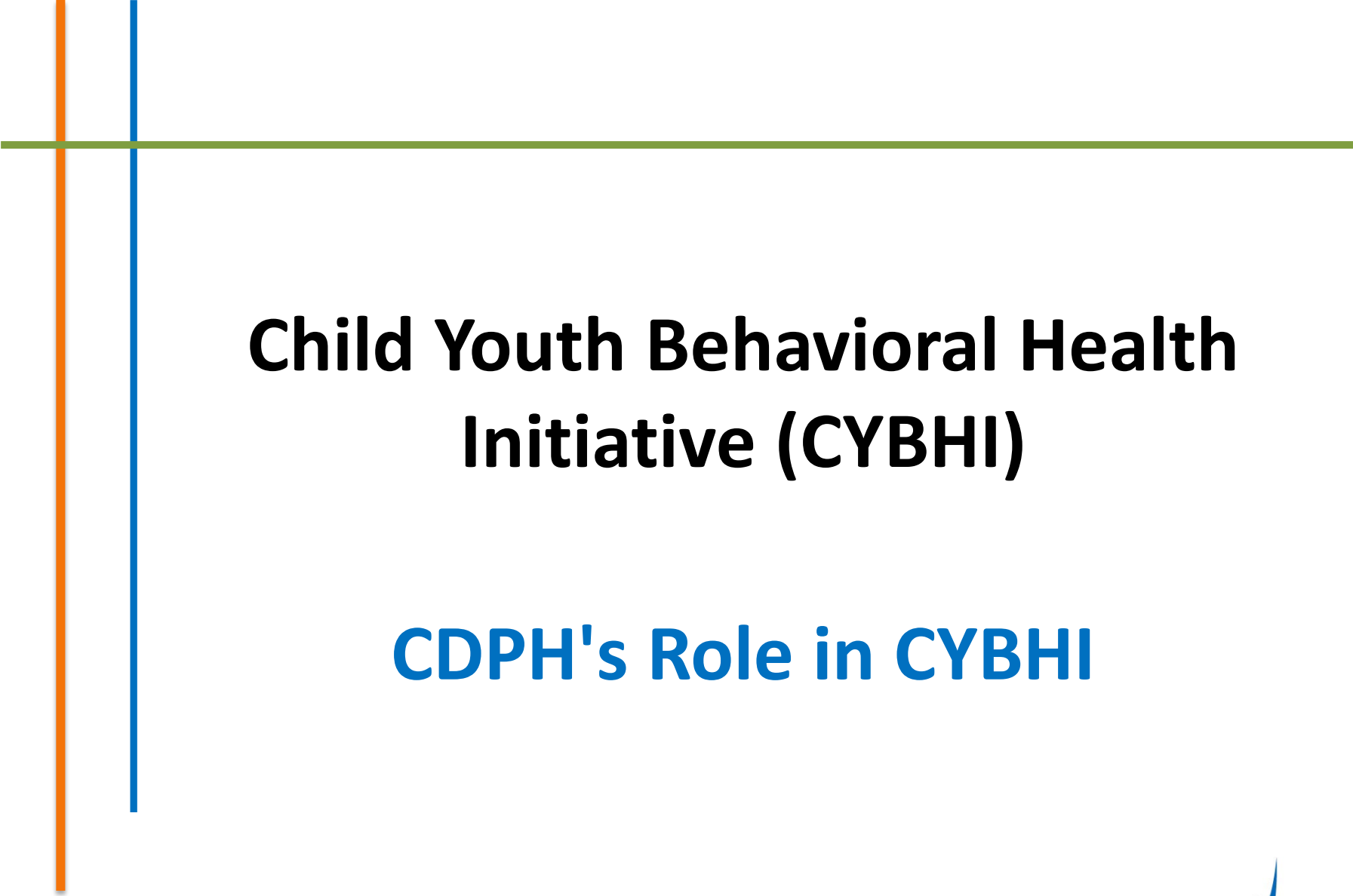
- ✓ Youth Suicide Prevention and Crisis Response
- ✓ Wellness and Building Resilience of Children, Youth, and Parents
- ✓ Emergent Technologies

Questions and Comments



Please reach out to CYBHI@chhs.ca.gov with questions and inquiries or to sign up for our stakeholder mailing list

For additional information please visit the [Children and Youth Behavioral Health Initiative webpage](#)



Child Youth Behavioral Health Initiative (CYBHI)

CDPH's Role in CYBHI



Ana Bolaños, MSW
Assistant Deputy Director



Background

Focusing on prevention and early intervention can help reduce children and youth's risk of developing serious behavioral and emotional health challenges.



Background

- In California, **13%** of children 3-17 years reported having **at least one mental, emotional, developmental or behavioral health problem.**
- **8%** of children have a serious emotional disturbance that **limits participation in daily activity**
- A 2018 report shows that about two thirds of adolescents with major depressive episodes in California **do not get treatment**



CDPH Workstream: Public Education Change Campaign

The Public Education Change Campaign will aim to increase behavioral health literacy of all Californians, in order to normalize help-seeking behaviors and support prevention and early intervention of mental health and substance use challenges



Public Education Change Campaign Components

- **Create** culturally & linguistically-specific public education and change campaigns
- **Empower** children & youth to take charge of their mental health
- **Lead** and created by youth for youth.
- **Collaborate** and engage with community partners

CDPH Internal SME Workgroup

Internal Subject Matter Experts from:

- Center for Family Health
- Center for Healthy Communities
- Substance Use & Addiction Prevention Branch
- Injury & Violence Prevention Branch
- Office of Suicide Prevention

Landscape Analysis Results

Youth Program Titles

Maternal, Child, and Adolescent Health

- Adolescent Family Life Program
- Black Infant Health Program
- California Home Visiting Program
- Local MCAH Programs
- Adolescent and Young Adult Behavioral Health COIIN
- Children and Youth with Special Health Care Needs Innovation Grants
- Adolescent Sexual Health Education Programs
- MCAH Data and Surveillance
- Children and Youth Behavioral Health Initiative
- Behavioral Mental Health Program

California Reducing Disparities Project

- CA Black Women's Health Project
- Whole Systems Learning
- Catholic Charities of East Bay

California Reducing Disparities Project Cont.

- Safe Passages
- The Village Project Inc.
- West Fresno HealthCare Coalition
- Gender Spectrum
- The Center for Sexual & Gender Diversity
- LGBTQ Connection
- San Joaquin Pride Center
- Two Feathers Native American Family Services
- Indian Health Council
- Friendship House Association of American Indians
- Indian Health Center of Santa Clara Valley
- Native American Health Center
- Sonoma County Indian Health Project
- United American Indian Involvement
- East Bay Asian Youth Center

California Reducing Disparities Project Cont.

- Integral Community Solutions Institute
- La Clinica De La Raza
- Latino Service Providers

Injury and Violence Prevention

- Office of Suicide Prevention

Substance and Addiction Prevention

- California Cannabis Surveillance System
- Overdose Surveillance
- Friday Night Live – (OPG and Cannabis)
- California Excessive Alcohol Use Prevention Initiative
- Overdose Prevention Initiative (OPI) Media Campaign
- OPI Local Overdose Prevention Safety Coalitions
- Youth Cannabis Education and Prevention Media Campaign

Brain Trust (External Behavioral Health Experts)

| | |
|----------------------------|--|
| Mayra Alvarez | President, The Children's Partnership |
| Dr. Jim Kooler | CA Dept. of Health Care Services, Special Consultant on Behavioral Health |
| Dr. Sergio Aguilar-Gaxiola | Director, UC Davis Center for Reducing Health Disparities |
| Dr. William Beardslee | Chairman of the Dept of Psychiatry at Children's Hospital in Boston, Gardener Monks Professor of Child Psychiatry at Harvard Medical School |
| Jill R Lopez-Rabin, MPH | Senior Project Manager, UC Davis Center for Reducing Health Disparities |
| Dr. Jeffrey Duong | Research Data Analyst, UC Davis Center for Reducing Health Disparities |
| Dr. Ricardo Munoz | Professor of Clinical Psychology, Palo Alto University; depression prevention and treatment researcher |
| Dr. Lloyd Michener | Emeritus Professor of Family Medicine and Community Health, Duke School of Medicine; Adjunct Professor at UNC Gillings School of Public Health |

CDPH Stakeholder Engagement

Stakeholders that CDPH will engage with:

- Children & Youth (0-25) and families/caregivers of children & youth 0-25
- Priority Populations: African American, Black, Asian American, Pacific Islander, Latinx, Native American, Indigenous, and LGBTQ+

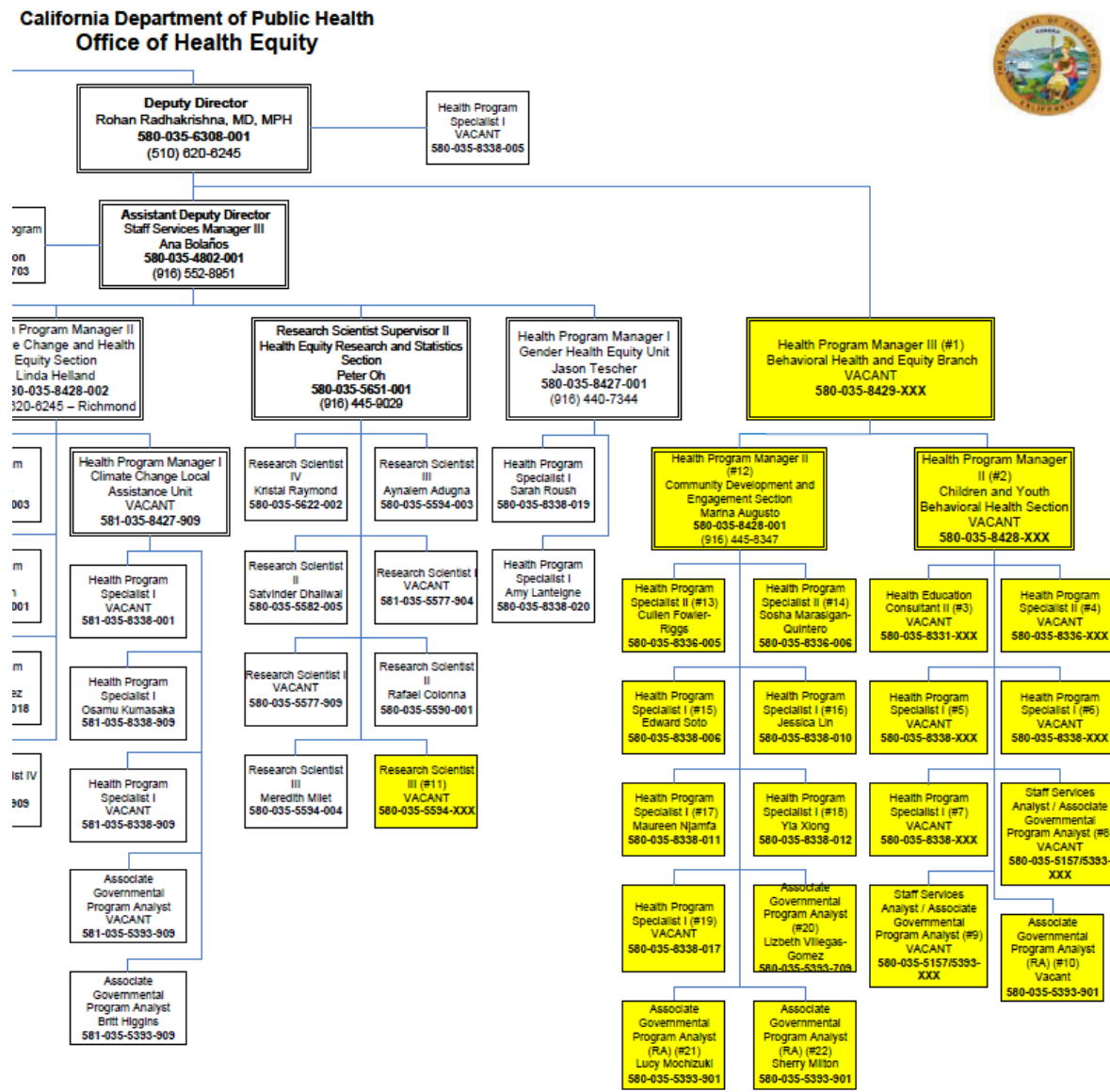
Stakeholder Engagement Strategies

- Identification of SME's, gatekeepers, community connectors & key informants (*builds relationships*)
- Inclusive & participatory process that is culturally & linguistically informed (*builds trust*)
- Collaborative and responsive (*builds partnerships*)
- Consultative and shared leadership (*builds empowerment*)

CYBHI: CDPH Workstream Funding

- \$100M to CDPH (2021-2026), to develop and implement public education change campaigns.
 - \$55M BY 2022-2024
 - \$40M BY 2025
 - \$5M BY 2026
- Funding will go to:
 - Hiring dedicated CDPH staff members to support this workstream
 - Contracts/grants with Community Based Organizations (CBO's)
 - The vendor that is selected to develop and implement the public education change campaigns

Proposed Behavioral Health Equity Branch



Timeline & Key Milestones

Spring 2022

- Convene Internal SME group and external SME group (Brain Trust)
- Landscape analysis of internal behavioral health projects within CDPH
- Landscape analysis of similar campaigns/initiatives from other states
- Assess lessons learned from prevention and early intervention statewide projects; use best practices to leverage or innovate successful projects (that have utilized social media marketing and were co-designed by youth)
- Develop Stakeholder engagement plan

Fall 2022

- Engage with stakeholders (youth and caregivers, community partners, CBO's)

Spring 2023

- Release RFP for a comprehensive public education change campaign
- Establish SME workgroup for the campaign, include youth in this advisory body

Fall 2023

- Select vendors, execute contracts
- Implement the statewide behavioral health literacy campaign



The Road(s) Ahead: Outcomes that Matter



Questions and Comments

Please reach out to CYBHI@cdph.ca.gov with questions and inquiries about the CDPH workstream (public education change campaign)

For additional information on CYBHI, please visit the [Children and Youth Behavioral Health Initiative webpage](#).



Discussion and Public Comment





Adjourn Meeting:

Next Quarterly Meeting: September 14, 2022



Thank you for attending!

**Contact Kimberly.Knifong@cdph.ca.gov
with any questions.**

